

OAKLAWN

10904 KNOX

3 blocks  
East of Clear

# R. C. Brusslan & Co

GENERAL INSURANCE

Service — Protection

330 So. Wells St.

Telephone WEbster 9-4537

CHICAGO, ILLINOIS 60606

\$ 100.00

Mr.



## MONTHLY STATEMENT

AS OF 10/29/8

C-5010-C8250

Items received after above date  
will appear on next statement

DETACH ON PERFORATION AND RETURN TOP PORTION WITH REMITTANCE \$ ~~100.00~~

INVOICE NUMBER	POLICY NUMBER	EFFECTIVE MO. DAY YR.	DESCRIPTION	AMOUNT
0935	GL0406	06 25 8	GENERAL LIAB.	300.00
PAST DUE BALANCES				
3 DAYS	60 DAYS	90 AND OVER		
	100.00	200.00	YOUR BALANCE IS ▶ 300.00	

DEC 5 1968  
R. C. BRUSSLAN & CO.  
1174

R. C. BRUSSLAN & COMPANY

330 SOUTH WELLS STREET

CHICAGO, ILL. 60606

*53 Years of Service*



\$100.00 -

\$100.00



# R. C. Brusslan & Co

GENERAL INSURANCE

Service — Protection

330 So. Wells St.

Telephone WEbster 9-4537

CHICAGO, ILLINOIS 60606

INVOICE

INVOICE DATE: 1/24/69

Continental Wrecking Co. C8250  
1632 E. 134th St.  
Chicago, Ill.

BROKER

MORTGAGEE:

COMPANY:

Interstate

POLICY NO. 183-061922	POLICY TERM 1 year	EFFECTIVE DATE 12/10/68	RENEWAL DATE 12/10/69	CO 10	CL 08	TR 10	Nº 1856	REF. INV. NO.	
DESCRIPTION OF COVERAGE							AMOUNT	PREMIUM	
Excess Liability							ABE	\$500.00	
Hapier Paid Check							Paul 1/21/68		
AGCY.	PROD.	IMPORTANT: INSTALLMENTS ARE DUE AND PAYABLE →		DATE	PREMIUM	DATE	PREMIUM	DATE	PREMIUM

AAA 02111 RN CO.

CS-1

# COMMUNITY CENTER INSURANCE AGENCY

Complete Insurance Service •

LIFE • FIRE • AUTO • ACCIDENT • HEALTH • BURGLARY • LIABILITY • PLATE GLASS • COMPENSATION

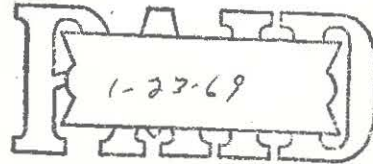
*Repair Paid Check*

4803 SO. WABASH AVE.  
CHICAGO, ILLINOIS 60615  
Telephone: 536-2400

Acct# 2316

Continental Wrecking Co.  
1632 E. 134th Street  
Chicago, Illinois

DATE: 1/27/69

DATE ISSUED	TO EXPIRE	COMPANY AND POLICY NUMBER	COVERAGE—AMOUNT OR LIMITS	PREMIUM
12/23/68	12/31/69	Summit Fidelity	Street Obstruction Bond \$10,000 	\$100.00

RB

**IMPORTANT:** Please examine the policies listed above and notify immediately if any changes or corrections are necessary. Any policy not wanted must be returned promptly for cancellation; otherwise an earned premium will be charged by the Company for the time it was in force. Premiums are due when policies are received. Kindly make all checks payable to **COMMUNITY CENTER INSURANCE AGENCY**



# COMMUNITY CENTER INSURANCE AGENCY

*Complete Insurance Service*

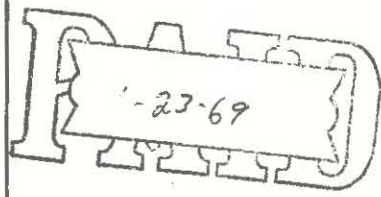
LIFE • FIRE • AUTO • ACCIDENT • HEALTH • BURGLARY • LIABILITY • PLATE GLASS • COMPENSATION

*Repair Paid Check*

4803 SO. WABASH AVE.  
CHICAGO, ILLINOIS 60615  
Telephone: 536-2400  
Acct# 2316

Continental Wrecking Co.  
1632 E. 134th Street  
Chicago, Illinois 60633

DATE: 1/27/69

DATE ISSUED	TO EXPIRE	COMPANY AND POLICY NUMBER	COVERAGE—AMOUNT OR LIMITS	PREMIUM
1/16/69		Summit Fidelity	Performance Bond \$2,460.00 	\$61.50

**RB** **IMPORTANT:** Please examine the policies listed above and notify immediately if any changes or corrections are necessary. Any policy not wanted must be returned promptly for cancellation; otherwise an earned premium will be charged by the Company for the time it was in force. Premiums are due when policies are received. Kindly make all checks payable to **COMMUNITY CENTER INSURANCE AGENCY**

# R. C. Brusslan & Co

GENERAL INSURANCE

Service — Protection

330 So. Wells St.

Telephone WEbster 9-4537

CHICAGO, ILLINOIS 60606

## MONTHLY STATEMENT

CONTINENTAL WRECKING CO  
1632 E 134TH ST  
CHICAGO ILL

AS OF 08/30/8

C-S010-C8250

Items received after above date  
will appear on next statement

DETACH ON PERFORATION AND RETURN TOP PORTION WITH REMITTANCE \$

INVOICE NUMBER	POLICY NUMBER	EFFECTIVE MO. DAY YR.			DESCRIPTION	AMOUNT
0935	GL0406	06	25	8	GENERAL LIAB.	400.00
0935		08	15	8	PAYMENT	100.00
0935		08	31	8	ADJUSTMENT	100.00
PAST DUE BALANCES						
30 DAYS		60 DAYS		90 AND OVER	YOUR BALANCE IS ►	
		300.00				
					400.00	

**SWORN STATEMENT FOR CONTRACTOR AND SUBCONTRACTOR TO OWNER**

State of Illinois

County of Cook

SS.

The affiant, James L. Napier being first duly sworn, on oath deposes  
and says that he is (1) an officer for Continental Wrecking Company

contract with (2) Shell Oil Company owner for  
(3) demolition  
on the following described premises in said County, to-wit: 3149-61 West Roosevelt Road

That, for the purpose of said contract, the following persons have been contracted with, and have furnished, or are furnishing and preparing materials for, and have done or are doing labor on said improvement. That there is due and to become due them, respectively, the amounts set opposite their names for materials or labor as stated. That this statement is made to said owner..... for the purpose of procuring from said owner..... (4)-~~Partial~~-Final Payment on said contract, and is a full, true and complete statement of all such persons, and of the amounts paid, due and to become due them.

(1) A member of the firm of, or officer of the corporation of, naming same. If a subcontractor so state and name the contractor. (2) Name of the owner or owners. (3) What the contract or subcontract is for. (4) Partial or Final Payment.

[illegible]

PORCELAIN ENAMEL FINISHERS  
3221 W. 30th St.  
Chicago, Illinois, 60623

CUSTOMER'S  
ORDER NO. & DATE  
  
REQUISITION NO.  
  
CONTRACT NO.

REFER TO INVOICE NO. 13217  
INVOICE DATE 3/6/69  
VENDOR'S NOS.

SOLD TO Continental Wrecking Co., Inc.  
1632 East 134th St.  
Chicago, Illinois, 60617

SHIPPED TO  
AND  
DESTINATION  
  
DATE SHIPPED

CAR INITIALS AND NO.  
HOW SHIPPED AND  
ROUTE  
  
TERMS

FROM  
  
F. O. B.

PREPAID OR COLLECT?

*Napier, Paid Check  
\$125.00*

FOR CUSTOMER'S USE ONLY

REGISTER NO.	VOUCHER NO.	
F. O. B. CHECKED		
TERMS APPROVED	PRICE APPROVED	
CALCULATIONS CHECKED		
TRANSPORTATION		
FREIGHT BILL NO.	AMOUNT	
MATERIAL RECEIVED		
DATE	SIGNATURE	TITLE
SATISFACTORY AND APPROVED		
ADJUSTMENTS		
ACCOUNTING DISTRIBUTION		
AUDITED	FINAL APPROVAL	

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
10	Signs, single face, 3 color 4' x 3'	28.00 ea	\$280.00
	Sales Tax		<u>14.00</u>
			<del>\$294.00</del>
	Deposit		<u>125.00</u>
			\$169.00

PAID  
THANK YOU.

*Mr Napier - Please phone me - 247 3221  
R Gutman*



# DEPARTMENT OF BUILDINGS

## CITY OF CHICAGO

Permit No. \_\_\_\_\_

Room 401 — 320 North Clark Street

### Application for Permit to Wreck Building or Structure

*MARCH 5,*

196 *69*

Location *3151 W. ROOSEVELT RD.*Owner *SHELL OIL COMPANY* Address *2620 DES PLAINES AVE.*Wrecker *CONTINENTAL WRECKING CO.* Address *1632 EAST 134TH STREET*Amount of Wrecker's Bond *\$40,000* House No. Certificate \_\_\_\_\_ Date \_\_\_\_\_Size of Lot \_\_\_\_\_ No. of Buildings to be Wrecked on Lot *3* Front *YES* Rear \_\_\_\_\_Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_ No. of Stories *1* Frame \_\_\_\_\_ Brick *YES*

Use Classification \_\_\_\_\_ Lineal Feet of Frontage \_\_\_\_\_ if Corner Lot, Give Side Frontage \_\_\_\_\_

Number of Party Walls on Premises \_\_\_\_\_ Architects Certificate Attached \_\_\_\_\_

Party Wall { Name \_\_\_\_\_ Address \_\_\_\_\_

Owners { Name *100% F* Address \_\_\_\_\_

Notified { Name \_\_\_\_\_ Address \_\_\_\_\_

Remarks *Price 10¢ from Bldg RAB*

We hereby certify that the statements in this application are true and correct to the best of our knowledge and belief, and that all work under the proposed permit will conform to the Municipal Code of the City of Chicago.

Signature of Owner \_\_\_\_\_

Address \_\_\_\_\_

Signature of Wrecker *Continental Wrecking Co.*

Address \_\_\_\_\_

State of \_\_\_\_\_ } ss.

County of \_\_\_\_\_ }

I, \_\_\_\_\_ a Notary Public in and for the said County and State aforesaid, do hereby Certify that

\_\_\_\_\_ personally known to me, to be the same person whose name is duly subscribed to the foregoing Application, being first duly sworn

on oath deposes and says that \_\_\_\_\_ is the owner of record and acknowledges ownership of the property described in this application and that said applicant has entered into a contract

with \_\_\_\_\_ Wrecker, to wreck the above described building or structure.

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Notary Public \_\_\_\_\_

#### FOR OFFICE USE ONLY

Owners Consent Filed \_\_\_\_\_

Other Consents Filed \_\_\_\_\_

Contract Filed \_\_\_\_\_

Insurance Certificate \_\_\_\_\_  
Has Work on Party Wall \_\_\_\_\_

Been Arranged for \_\_\_\_\_

Apron Required \_\_\_\_\_

Canopy Required \_\_\_\_\_

Have Plans Been Approved \_\_\_\_\_

AMOUNT OF FEE

\$ \_\_\_\_\_

For Department of Buildings





10 S. RIVERSIDE PLAZA  
CHICAGO, ILLINOIS 60606

Please direct all  
Correspondence to the  
above address  
If incorrect, return immediately.

**PAYOR  
REMITTANCE CODE**

01 - SHELL OIL COMPANY  
02 - SHELL CHEMICAL COMPANY  
06 - SHELL DEVELOPMENT COMPANY

Detach before depositing check.

CK - 7112 (7/67)

**STATEMENT OF REMITTANCES**

PAYOR	REFERENCE NO.	INVOICE NO.	INV. DATE	DISCOUNT	NET AMOUNT
01	05-19-117-07	1058	04-30		13,600.00
C-72813-01		280725	← CORRESPONDENCE SHOULD REFER TO →		13,600.00
VENDOR CODE		CHECK NUMBER	AMOUNT OF CHECK		

State of Illinois

County of

Cook } SS.

James L. Napier, being first duly sworn, on oath  
deposes and says that he is 1 the contractor for the Shell Oil Company for the  
building <sup>DEMOLISHED</sup> erected for SHELL OIL COMPANY,  
owner, on the following described premises, to-wit:

3149-61 WEST ROOSEVELT RD.  
CHICAGO ILLINOIS

that the names of all parties furnishing materials and labor and the amount due or to become due each  
are as follows:

Name	Amount due	Amount to become due
<u>Continental Wrecking Co.</u>	<u>\$10.000</u>	<u>\$8.500</u>

and that this affidavit is made pursuant to the Illinois statute relating to mechanics' liens to induce the  
owner to make 3 payment of \$ ~~10.000~~ 00 to said contractor

under the contract for the work described above,  
Fifteen percent (15%) retained until  
final payment

Subscribed and sworn to before me

this 31 day of MARCH, 1969

James L. Napier Pres.  
Continental Wrecking Co.

Notary Public

**RLG-10 (12/68)****EXACT NAME AND ADDRESS OF CORPORATION****Federal Employer Identification Number**

Does corporation operate under subchapter S of the Internal Revenue Code? Yes ☐ No ☐

Nature of Business \_\_\_\_\_ Date of incorporation \_\_\_\_\_ County \_\_\_\_\_

## MARKET VALUE OF STOCK AND INDEBTEDNESS

[illegible]

Exchanges on which securities are listed \_\_\_\_\_ Aggregate market value of stocks and funded debt \_\_\_\_\_

**REAL ESTATE ASSESSMENT AND AMOUNT OF TAX (Illinois only)**

<b>Character of property</b> <b>(1)</b>	<b>Legal description or Address where assessed</b> <b>(2)</b>	<b>Vol. No.</b>	<b>Item No. or Page and Line</b>	<b>County where located</b> <b>(3)</b>	<b>Assessed valuations as equalized shown on 1968 tax bill</b> <b>(4)</b>	<b>Amount of tax billed</b> <b>(5)</b>
<b>Totals</b>						

 Column 4 figures must be taken from 1968 tax bills payable in 1969

**TANGIBLE PERSONAL PROPERTY ASSESSMENT AND AMOUNT OF TAX (Illinois only)**

**NOT INCLUDING CAPITAL STOCK ASSESSED**

Township where assessed (1)	Address where assessed (2)	Assessed valuation as equalized shown on 1968 tax bill (3)	Amount of tax billed (4)

Column 3 figures must be taken from 1968 tax bills payable in 1969

**ALLOCATION DATA (corporations owning property outside Illinois only)**

Item (Report any other items relevant to your company's business) (1)	Total amount for the corporation (2)	Amount within Illinois (3)	Amount outside Illinois (4)	Percentage distribution	
				In Illinois (5)	Outside Illinois (6)
1. Gross business receipts or sales.....	\$ .....	\$ .....	\$ .....		
2. Book value of tangible personal property and real estate (List by classes and location on a separate sheet)	\$ .....	\$ .....	\$ .....		
3. Value of tangible assests outside of Illinois (include only real estate, inventory, machinery, furniture and equipment).....	\$ .....				



## SCHEDULE E

## BALANCE SHEET—MARCH 31, 1969

This balance sheet must agree with books of account.

	Assets as carried on company books				True fair cash value (if any item is less than book value attach explanation)				Basis of valuation (See note below) (3)										
	(1)				(2)														
<b>ASSETS</b>																			
<b>Current Assets:</b>																			
Cash in bank and on hand .....																			
*Obligations of Federal Government .....																			
*Stock in Illinois Corporations, Illinois Banks, and National Banks (Not Bonds) .....																			
*Stock in foreign corporations owning tangible property assessed in Illinois (Not Bonds) .....																			
*Other Securities .....																			
Receivables, less reserve for bad debts of ..... \$ .....																			
Inventories .....																			
*Prepaid expenses .....																			
*Other current assets .....																			
Total current assets .....																			
<b>Other Assets:</b>																			
*Accounts with officers, employees, and stockholders .....																			
*Other non-current and non-capital assets .....																			
<b>Capital Assets:</b>																			
Land .....																			
Buildings, less reserve for depreciation of ..... \$ .....																			
Machinery, furniture, etc., less reserve for depreciation of ..... \$ .....																			
*Intangible Assets:																			
Total assets .....																			
<b>LIABILITIES AND NET WORTH</b>				<b>LIABILITIES AND NET WORTH AS CARRIED ON COMPANY BOOKS</b>				<b>BASIS OF VALUATION</b>											
<b>Liabilities for Current Purposes: (obligations incurred for such items as rent, wages, insurance, taxes, etc., and excluding debt for purchase or improvement of property)</b>								Explain in Column 3 above the basis for the valuation of each class of asset. The abbreviations below may be employed. If the value of any asset as reported in column 2 is under book value shown in column 1, submit reasons under oath.											
Federal and State taxes .....								Basis	Abbreviation										
Local property taxes .....								Cost price .....	C										
*Accounts payable (for expenses) .....								Market value .....	M										
*Notes payable (for expenses) .....								Cost or market value, whichever is lower .....	CM										
*Other expenses .....								Appraised value .....	A										
TOTAL .....								Paid-in value .....	P										
<b>Liabilities not for Current Purposes: (including debt for improvement of property)</b>								Recovery value .....	R										
Bonds and Mortgages .....								Liquidating value .....	L										
Accounts payable (for property) .....								Other:											
Notes payable (for property) .....																			
TOTAL .....																			
<b>Reserves:</b>																			
<b>Net Worth:</b>																			
Capital Stock .....																			
Paid-in surplus .....																			
*Earned surplus - unappropriated .....																			
Earned surplus - appropriated .....																			
Total liabilities and net worth .....																			

\*SUPPLY SUPPORTING SCHEDULES—giving detailed information.



## SCHEDULE F

## STATEMENT OF PROFIT AND LOSS, CALENDAR YEARS, OR FISCAL YEARS ENDING

(OMIT CENTS)

		1966	1967	1968
<b>INCOME</b>				
1.	Gross Sales or Operating Income (less returns and allowances)			
2.	Less: Cost of Goods Sold/Operations			
3.	Gross Profit from Operations			
4.	Interest on obligations of United States			
5.	All other interest			
6.	Rents and royalties			
7.	Dividends on exempt stock**			
8.	Capital gains*			
9.	Other income			
10.	Total income (Items 3 to 10)			
<b>EXPENSES</b>				
11.	Compensation to officers (See Schedule I)			
12.	Other salaries, wages and commissions			
13.	Rent			
14.	Taxes (Other than Federal Income)*			
15.	Bad Debts			
16.	Depreciation			
17.	Interest on indebtedness not for current purposes			
18.	All other interest expense			
19.	Other expenses*			
20.	Total expenses (Items 11 to 19)			
21.	Net Income (Item 10 less Item 20)			
22.	Income taxes payable			
23.	Net Income after income taxes (Item 21 less Item 22)			
24.	Other surplus credits and reconciling items*			
25.	Earned surplus account beginning of year			
26.	Total of Items 21, 24 and 25			
27.	Dividends paid			
28.	Other surplus charges and reconciling items*			
29.	Total of Items 25, 27 and 28			
30.	Earned surplus account end of year (Item 26 less Item 29)			

## \*NOTE

ATTACH DETAILED SCHEDULES FOR ALL ITEMS FOLLOWED BY AN (\*). IN ADDITION, SUPPLY DETAILED SCHEDULES OF ALL ITEMS OF REVENUE, EXPENSE AND CHANGES TO EARNED SURPLUS WHICH ARE OF AN EXTRAORDINARY OR NON-RECURRING NATURE.

\*\*Stocks of Illinois corporations, National banks and foreign corporations owning tangible property assessed in Illinois.

## SCHEDULE G

## PAYMENT OF CAPITAL STOCK TAX TO COUNTY COLLECTOR FOR PRECEDING 3 YEARS

	1966	1967	1968
Capital Stock Assessment			
Amount of Capital Stock Tax Paid			

## SCHEDULE H

## SUMMARY OF NET PROFIT OR LOSSES FOR THE PRECEDING FIVE YEARS (OMIT CENTS)

Year	Fiscal Year ending (Indicate fractional years)	Five year net income or loss after taxes	Less interest on obligations of United States	Less dividends from stocks of Illinois banks, Illinois corporations, National banks, etc.	Add — Interest paid or accrued on indebtedness not for current expenses	Net income or loss as adjusted (col. 3 plus col. 6 minus cols. 4 and 5)	Weights Applicable to net profits or loss	Net profits or losses in col. 7 multiplied by respective figures in col. 8
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1st	1964						1	
2nd	1965						1	
3rd	1966						1	
4th	1967						2	
5th	1968						3	

1. Total column 9 ..... \$
2. If 5 years earnings are reported divide by 8; 4 years by 7; 3 years by 6; 2 years by 5 ..... \$
3. Average weighted earnings divided by 7 and multiplied by 100 ..... \$



**SCHEDULE I****COMPENSATION OF OFFICERS**

1. Amount of compensation paid to officers as shown on latest Federal Income Tax Return.....\$
2. Number of officers receiving such compensation.....
3. How many of these officers devote full time to the company's business?.....
4. Average number of employees (exclusive of officers).....

**MAILING INSTRUCTIONS**

1. If corporation's principal office is located in COOK, DuPAGE, KANE, LAKE, McHENRY or WILL county send return to Department of Revenue, Corporate Assessment Section, Room 729, 160 North LaSalle Street, Chicago, Illinois 60601.
2. If corporation's principal office is located elsewhere send return to Department of Revenue, Corporate Assessment Section, Room 206, 325 West Adams Street, Springfield, Illinois 62704.

**NOTE**

Before submitting this return the following points should be checked:

1. HAVE ALL OF THE SCHEDULES BEEN FILLED OUT COMPLETELY?
2. Have you communicated with the Illinois Department of Revenue (Capital Stock Division) regarding those sections which have caused difficulty?
3. Have DETAILED SCHEDULES been prepared listing:
  - (a) Stocks of Illinois corporations, and of foreign corporations owning tangible property assessed in Illinois.
  - (b) Illinois and National bank stocks.
  - (c) Federal securities.
  - (d) Liabilities for current purposes marked (\*).
  - (e) Items marked (\*) in Schedules E and F of Return.
4. Has the schedule been signed by the proper authorities?
5. Has the schedule been notarized?

When all returns have been audited, the amount of the CAPITAL STOCK TAX assessment is published in the state official newspaper and as a courtesy the taxpayer is also notified by letter of this amount. If the taxpayer feels that the assessment is not proper, he may object WITHIN TEN DAYS from the date of publication and the matter is set down for a hearing.

**PENALTY FOR FAILURE TO FILE SCHEDULE — FALSE RETURNS**

If any corporation shall refuse to supply the information herein required or to subscribe and swear to the same, the Department shall list the capital stock of such corporation according to its best knowledge, information and judgment at its fair cash value, and shall add to the valuation an amount equal to 50% of such valuation. (Revenue Act of 1939, Sec. 54)

Whoever, in making such schedule, shall wilfully swear falsely in any material matter shall be guilty of perjury and punished accordingly. (Revenue Act of 1939, Sec. 55)

**SCHEDULE J****SIGNATURE AND OATH**

Name of person to whom requests for additional data may be directed .....

Relation to company ..... Address ..... Telephone No. ....

STATE OF ..... This Return must be signed and sworn to by the President and Treasurer (or Secretary) of Company.

County of ..... ss. We, the President and Treasurer (or Secretary) of the.....

Corporation, for which this return is made, being duly sworn, each for himself on oath says that the matters set forth in the foregoing return, and in all statements and schedules attached, which are hereby made a part of this return, correspond to the books of said corporation and are true and correct.

.....President.

.....Treasurer or Secretary.

Subscribed and sworn to before me, this ..... day of..... A.D. 1969.

.....Notary Public.

(My Commission expires ..... County..... State.



STATE OF ILLINOIS  
DEPARTMENT OF REVENUE

GEORGE E. MAHIN  
DIRECTOR

DIVISION OF LOCAL GOVERNMENTAL  
AFFAIRS AND PROPERTY TAX

CORPORATE ASSESSMENT SECTION

CHICAGO OFFICE

Room 729

160 North LaSalle Street  
Zip Code 60601

SPRINGFIELD OFFICE

Room 206

325 West Adams Street  
Zip Code 62704

Instructions Accompanying Capital Stock Tax Return for 1969 (Form RLG - 10)  
(Formerly PTD - 1)

READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT RETURN

FILE ONE RETURN AND RETAIN DUPLICATE FOR YOUR FILES

CORPORATIONS REQUIRED TO FILE RETURNS WITH THE  
ILLINOIS DEPARTMENT OF REVENUE

Under the provisions of Section 78 of the Revenue Act of 1939 (Illinois Revised Statutes, Chapter 120, Section 559), all corporations incorporated under the laws of Illinois, other than banks, mutual building, loan and homestead associations, and companies organized for purely manufacturing and mercantile purposes, or for either of such purposes, or for the mining and sale of coal, or for printing, or for publishing of newspapers, or for the improving and breeding of stock, are required to file a sworn capital stock tax return with the Illinois Department of Revenue. However, those corporations which are organized for purely manufacturing and mercantile purposes, or for either of such purposes, or for the mining and sale of coal, or for printing, or for publishing newspapers, or for the improving and breeding of stock, are subject to assessment on their capital stock by the Local Assessor. Those corporations must report their capital stock information as well as tangible personal property on Illinois Department of Revenue Form 200 C, directly to the Local Assessor (See Consolidated Coal Company v. Miller, 236 Ill. 149).

According to our records every corporation receiving a copy of this return is subject to assessment by the Illinois Department of Revenue.

Consolidated returns will not be accepted regardless of stock ownership. A separate return must be made for every corporation operating under a charter issued by the State of Illinois.

TIME AND PLACE OF FILING

Return Form RLG-10 must be filed with the Illinois Department of Revenue, on or before June 1, 1969. There will be no extension of time. Corporations having their principal offices in Cook, DuPage, Kane, Lake, McHenry or Will Counties should send their returns to the Illinois Department of Revenue, Corporate Assessment Section, Room 729, 160 North LaSalle Street, Chicago, Illinois 60601. Corporations having their principal office elsewhere should send their returns to the Illinois Department of Revenue, Corporate Assessment Section, Room 206, 325 West Adams Street, Springfield, Illinois 62704.

PENALTY FOR FAILURE TO FILE SCHEDULE

---FALSE RETURNS

If any corporation shall refuse to supply the information herein required or to subscribe and swear to the same, the Department shall list the capital stock of such corporation according to its best knowledge, information and judgment at its fair cash value, and shall add to the valuation an amount equal to 50% of such valuation. (Revenue Act of 1939, Sec. 54)

Whoever, in making such schedule, shall wilfully swear falsely in any material matter shall be guilty of perjury and punished accordingly. (Revenue Act of 1939, Sec. 55)

GENERAL

This information required for this return is, in general, available from books of accounts and Federal Income Tax Returns. No difficulty will be experienced in preparing this return if the instructions are followed carefully and Federal returns are relied upon for basic data.

If the space provided on the return for any item is insufficient, attach supporting schedules.

Fill out all blanks and schedules completely and answer all questions unless they are specifically inapplicable.

Federal Employer Identification Number must be filled in.

If doubt arises concerning any matter relating to the return or if certain sections appear to be obscure, feel free to communicate with the Department.

SCHEDULE A

This part of the return is designed to indicate the value of the corporation as evidenced by the market value of its outstanding securities and should be completed only by those corporations whose own securities are listed on an exchange or actively traded in over the counter. The data necessary for columns 2, 3, 4, 5 and 6 should be derived by taking the high and low quotations for each month in the year and computing a simple arithmetical average of these twenty-four quotations. The years indicated in columns 2, 3, 4, 5 and 6 should include quotations for the period beginning April 1st and closing March 31st. If any other average is used, the method of computation should be indicated and a reason given for not following the procedure outlined. The aggregate market value of stocks and funded debt is determined by totaling column 10.

SCHEDULE B

This schedule is for reporting assessments of real estate in Illinois in order that deductions may be made from the gross value of the corporation in the manner required by law. List only the real estate assessed in Illinois. Under "Character of Property" designate the type of property, as for example, "theater building", "office building", "three-flat apartment building", "vacant lot", "farm land", etc. In column 2 give the legal description of each parcel; in column 3 name the county in which the property is located; in column 4 show the assessed value as equalized by the Department, appearing in your 1968 tax bill which is received and payable in 1969 and amount of tax billed in column 5.

If more space is needed, attach a supplemental schedule.

SCHEDULE C

This schedule is for reporting assessments of tangible personal property in Illinois in order that deductions may be made from the gross value of the corporation in the manner required by law. List only tangible personal property assessments within Illinois. Show the amount of the assessed value as equalized by the Department and the amount of tax billed in columns 3 and 4. This data is obtained from your 1968 tax bill or receipt, which in most counties is received early in 1969.

The capital stock assessment must not be included in this schedule. In some Downstate counties, the tax bill or receipt will not show the assessment of tangible personal property separately from capital stock. In such cases, the taxpayer should refer to the lists of assessments published by the local assessor and by the Illinois Department of Revenue, or to notices received from these agencies.

SCHEDULE D

This schedule is designed to provide a basis for allocating the value of a company between Illinois and other states or countries in case a corporation owns property outside Illinois. The schedule should be disregarded by corporations which do not own property outside the State.

When reporting "Gross business, receipts or sales" include only receipts from regular business operations.

(OVER)



## SCHEDULE E

This schedule is a standard form of balance sheet to be filled in as of the close of business March 31, 1969.

The balance sheet form in Schedule E has three columns on the asset side. Column 1 must show the assets and liabilities as they are carried on the books and records of the company. This column must always be filled out. Column 2 is for the purpose of showing any adjustment from book figures which may be necessary in order to reflect the true fair cash value of the assets. Column 3 is for indicating the basis of valuation used on column 2. In any case where an asset is shown in column 2 at less than book value, detailed information and reasons must be submitted under oath.

IN ORDER THAT THE TAXPAYER MAY OBTAIN THE PROPER DEDUCTIONS FOR EXEMPT FEDERAL SECURITIES, STOCKS OF ILLINOIS CORPORATIONS, STOCKS OF ILLINOIS STATE BANKS AND NATIONAL BANKS, AND STOCKS OF FOREIGN CORPORATIONS OWNING TANGIBLE PROPERTY ASSESSED IN ILLINOIS, AN ITEMIZED LIST OF SUCH HOLDING MUST BE ATTACHED TO THE RETURN.

The current liabilities section should show in detail all items representing debt for current purposes, such as rent, wages, taxes, insurance, etc. Bonds, mortgages and long-term notes usually are indebtedness NOT for current expenses. HOWEVER, DEBTS INCURRED FOR THE PURCHASE OR IMPROVEMENT OF ANY KIND OF PROPERTY ARE ALWAYS FOR NON-CURRENT EXPENSES, NO MATTER HOW LONG OR SHORT A TIME THE LOAN RUNS.

## SCHEDULE F

Data necessary for completing this schedule should be obtained from the books and records of the corporation. Any differences in these figures and those reported on Federal Income Tax Return must be explained by supporting statement.

## SCHEDULE G

In this schedule, report the amount of capital stock assessment and tax paid for each of the last three years. Receipted tax bills must be available for inspection upon request.

## SCHEDULE H

This schedule is used to show the earning power of the corporation over a period of years. Columns 4, 5 and 6 must correspond with Schedule F items 4, 7 and 17, respectively. By multiplying the data in column 7 by the respective figures in column 8 more weight is given to the earnings of recent years. By dividing the total obtained in line 1 by 8, or by the sum of the weights employed in column 8, an average annual weighted earning for the five-year period is obtained.

The operations performed in line 3 express the value of the corporation based on its average earning power. If, for example, a corporation has net earnings of \$10,000 and the current rate of return on similar investments is seven per cent, its value as indicated by this measure would be \$142,857.

It should be noted that loss years as well as profit years are to be included in the calculations.

If the total weighted earnings for the five-year period, line 1, is negative, the calculations for lines 2 and 3 should not be performed. In this case leave the amounts in lines 2 and 3 blank.

## SCHEDULE I

Data necessary for completing this schedule should be obtained from the books and records of the corporation. Any differences in these figures and those reported on Federal Income Tax Return must be explained by supporting statement.

## SCHEDULE J

The return must be signed by the president and treasurer (or secretary) of the corporation. It should bear the name, official status, address and telephone number of the representative with whom the return may be discussed.

## NOTE

Before submitting this return the following points should be checked:

1. HAVE ALL OF THE SCHEDULES BEEN FILLED OUT COMPLETELY?
2. Have you communicated with the Illinois Department of Revenue (Corporate Assessment Section) regarding those sections which have caused difficulty?
3. Have DETAILED SCHEDULES been prepared listing:
  - (a) Stocks of Illinois corporations, and of foreign corporations owning tangible property assessed in Illinois
  - (b) Illinois and National bank stocks
  - (c) Federal securities
  - (d) Liabilities for current purposes
  - (e) Items marked (\*) in Schedules E and F of Return
4. Has the schedule been signed by the proper OFFICERS?
5. Has the schedule been notarized?

When all returns have been audited, the amount of the CAPITAL STOCK assessment is published in the state official newspaper and as a courtesy the taxpayer is also notified by letter of this amount. If the taxpayer feels that the assessment is not proper, he may object WITHIN TEN DAYS from the date of publication and the matter is set down for a hearing.



**CAPITAL STOCK TAX RETURN — 1969**

STATE OF ILLINOIS  
DEPARTMENT OF REVENUE  
DIVISION OF LOCAL GOVERNMENTAL AFFAIRS  
AND PROPERTY TAX

**RLG-10 (12/68)**

**THIS RETURN MUST BE FILED ON OR BEFORE JUNE 1, 1969**

**(See page 4 for mailing instructions)**

**EXACT NAME AND ADDRESS OF CORPORATION****Federal Employer Identification Number**

1-0236-0950 016-0001  
CONTINENTAL WRECKING COMPANY, INC.  
1632 EAST 134TH STREET  
CHICAGO, ILL. 60633

**Does corporation operate under subchapter S of the Internal Revenue Code? Yes ☐ No ☐**

**Nature of Business** \_\_\_\_\_ **Date of incorporation** \_\_\_\_\_ **County** \_\_\_\_\_

**SCHEDULE A**

## MARKET VALUE OF STOCK AND INDEBTEDNESS

[illegible]

Exchanges on which securities are listed \_\_\_\_\_ Aggregate market value of stocks and funded debt \_\_\_\_\_

**SCHEDULE B****REAL ESTATE ASSESSMENT AND AMOUNT OF TAX (Illinois only)**

Character of property (1)	Legal description or Address where assessed (2)	Vol. No.	Item No. or Page and Line	County where located (3)	Assessed valuations as equalized shown on 1968 tax bill (4)	Amount of tax billed (5)
Column 4 figures must be taken from 1968 tax bills payable in 1969				Totals		

Column 4 figures must be taken from 1968 tax bills payable in 1969

## SCHEDULE C

**TANGIBLE PERSONAL PROPERTY ASSESSMENT AND AMOUNT OF TAX (Illinois only)**

**NOT INCLUDING CAPITAL STOCK ASSESSED**

Township where assessed (1)	Address where assessed (2)	Assessed valuation as equalized shown on 1968 tax bill (3)	Amount of tax billed (4)

Column 3 figures must be taken from 1968 tax bills payable in 1969

## SCHEDULE D

**ALLOCATION DATA (corporations owning property outside Illinois only)**

Item (Report any other items relevant to your company's business) (1)	Total amount for the corporation (2)	Amount within Illinois (3)	Amount outside Illinois (4)	Percentage distribution	
				In Illinois (5)	Outside Illinois (6)
1. Gross business receipts or sales.....	\$	\$	\$		
2. Book value of tangible personal property and real estate (List by classes and location on a separate sheet)	\$	\$	\$		
3. Value of tangible assets outside of Illinois (include only real estate, inventory, machinery, furniture and equipment).....	\$				



## BALANCE SHEET—MARCH 31, 1969

Assets as carried on company books	True fair cash value (If any item is less than book value attach explanation)	Basis of valuation (See note below)
(1)	(2)	(3)
<b>ASSETS</b>		
Cash and cash equivalents		
U.S. Government securities		
Illinois Banks, and National Banks (Not Bonds)		
Real estate and tangible property assessed in Illinois (Not Bonds)		
Accounts receivable		
Prepaid expenses		
Other assets		
Total		
Liabilities and net worth		
Accounts payable		
Notes payable		
Other liabilities		
Total		
Total		

## LIABILITIES AND NET WORTH AS CARRIED ON COMPANY BOOKS

## BASIS OF VALUATION

Explain in Column 3 above the basis for the valuation of each class of asset. The abbreviations below may be employed. If the value of any asset as reported in column 2 is under book value shown in column 1, submit reasons under oath.

Basis	Abbreviation
Cost price	C
Market value	M
Cost or market value, whichever is lower	CM
Appraised value	A
Paid-in value	P
Recovery value	R
Liquidating value	L
Other:	



## SCHEDULE F

## STATEMENT OF PROFIT AND LOSS, CALENDAR YEARS, OR FISCAL YEARS ENDING

(OMIT CENTS)

INCOME		1966	1967	1968
1.	Gross Sales or Operating Income (less returns and allowances) .....			
2.	Less: Cost of Goods Sold/Operations .....			
3.	Gross Profit from Operations .....			
4.	Interest on obligations of United States .....			
5.	All other interest .....			
6.	Rents and royalties .....			
7.	Dividends on exempt stock** .....			
8.	Capital gains* .....			
9.	Other income .....			
10.	Total income (Items 3 to 10) .....			
EXPENSES				
11.	Compensation to officers (See Schedule I) .....			
12.	Other salaries, wages and commissions .....			
13.	Rent .....			
14.	Taxes (Other than Federal Income)* .....			
15.	Bad Debts .....			
16.	Depreciation .....			
17.	Interest on indebtedness not for current purposes .....			
18.	All other interest expense .....			
19.	Other expenses* .....			
20.	Total expenses (Items 11 to 19) .....			
21.	Net Income (Item 10 less Item 20) .....			
22.	Income taxes payable .....			
23.	Net Income after income taxes (Item 21 less Item 22) .....			
24.	Other surplus credits and reconciling items* .....			
25.	Earned surplus account beginning of year .....			
26.	Total of Items 21, 24 and 25 .....			
27.	Dividends paid .....			
28.	Other surplus charges and reconciling items* .....			
29.	Total of Items 25, 27 and 28 .....			
30.	Earned surplus account end of year (Item 26 less Item 29) .....			

## \*NOTE

ATTACH DETAILED SCHEDULES FOR ALL ITEMS FOLLOWED BY AN (\*). IN ADDITION, SUPPLY DETAILED SCHEDULES OF ALL ITEMS OF REVENUE, EXPENSE AND CHANGES TO EARNED SURPLUS WHICH ARE OF AN EXTRAORDINARY OR NON-RECURRING NATURE.

\*\*Stocks of Illinois corporations, National banks and foreign corporations owning tangible property assessed in Illinois.

## SCHEDULE G

## PAYMENT OF CAPITAL STOCK TAX TO COUNTY COLLECTOR FOR PRECEDING 3 YEARS

	1966	1967	1968
Capital Stock Assessment .....			
Amount of Capital Stock Tax Paid .....			

## SCHEDULE H

## SUMMARY OF NET PROFIT OR LOSSES FOR THE PRECEDING FIVE YEARS (OMIT CENTS)

Year	Fiscal Year ending (Indicate fractional years)	Five year net income or loss after taxes	Less interest on obligations of United States	Less dividends from stocks of Illinois banks, Illinois corporations, National banks, etc.	Add — Interest paid or accrued on indebtedness not for current expenses	Net income or loss as adjusted (col. 3 plus col. 6 minus cols. 4 and 5)	Weights Applicable to net profits or loss	Net profits or losses in col. 7 multiplied by respective figures in col. 8
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1st	1964						1	
2nd	1965						1	
3rd	1966						1	
4th	1967						2	
5th	1968						3	

1. Total column 9 ..... \$ .....
2. If 5 years earnings are reported divide by 8; 4 years by 7; 3 years by 6; 2 years by 5 ..... \$ .....
3. Average weighted earnings divided by 7 and multiplied by 100 ..... \$ .....



**SCHEDULE I****COMPENSATION OF OFFICERS**

1. Amount of compensation paid to officers as shown on latest Federal Income Tax Return.....\$ .....
2. Number of officers receiving such compensation.....
3. How many of these officers devote full time to the company's business?.....
4. Average number of employees (exclusive of officers).....

**MAILING INSTRUCTIONS**

1. If corporation's principal office is located in COOK, DuPAGE, KANE, LAKE, McHENRY or WILL county send return to Department of Revenue, Corporate Assessment Section, Room 729, 160 North LaSalle Street, Chicago, Illinois 60601.
2. If corporation's principal office is located elsewhere send return to Department of Revenue, Corporate Assessment Section, Room 206, 325 West Adams Street, Springfield, Illinois 62704.

**NOTE**

Before submitting this return the following points should be checked:

1. HAVE ALL OF THE SCHEDULES BEEN FILLED OUT COMPLETELY?
2. Have you communicated with the Illinois Department of Revenue (Capital Stock Division) regarding those sections which have caused difficulty?
3. Have DETAILED SCHEDULES been prepared listing:
  - (a) Stocks of Illinois corporations, and of foreign corporations owning tangible property assessed in Illinois.
  - (b) Illinois and National bank stocks.
  - (c) Federal securities.
  - (d) Liabilities for current purposes marked (\*).
  - (e) Items marked (\*) in Schedules E and F of Return.
4. Has the schedule been signed by the proper authorities?
5. Has the schedule been notarized?

When all returns have been audited, the amount of the CAPITAL STOCK TAX assessment is published in the state official newspaper and as a courtesy the taxpayer is also notified by letter of this amount. If the taxpayer feels that the assessment is not proper, he may object WITHIN TEN DAYS from the date of publication and the matter is set down for a hearing.

**PENALTY FOR FAILURE TO FILE SCHEDULE — FALSE RETURNS**

If any corporation shall refuse to supply the information herein required or to subscribe and swear to the same, the Department shall list the capital stock of such corporation according to its best knowledge, information and judgment at its fair cash value, and shall add to the valuation an amount equal to 50% of such valuation. (Revenue Act of 1939, Sec. 54)

Whoever, in making such schedule, shall wilfully swear falsely in any material matter shall be guilty of perjury and punished accordingly. (Revenue Act of 1939, Sec. 55)

**SCHEDULE J****SIGNATURE AND OATH**

Name of person to whom requests for additional data may be directed .....

Relation to company ..... Address ..... Telephone No. ....

STATE OF ..... This Return must be signed and sworn to by the President and Treasurer (or Secretary) of Company.

County of ..... ss. We, the President and Treasurer (or Secretary) of the.....

Corporation, for which this return is made, being duly sworn, each for himself on oath says that the matters set forth in the foregoing return, and in all statements and schedules attached, which are hereby made a part of this return, correspond to the books of said corporation and are true and correct.

.....President.

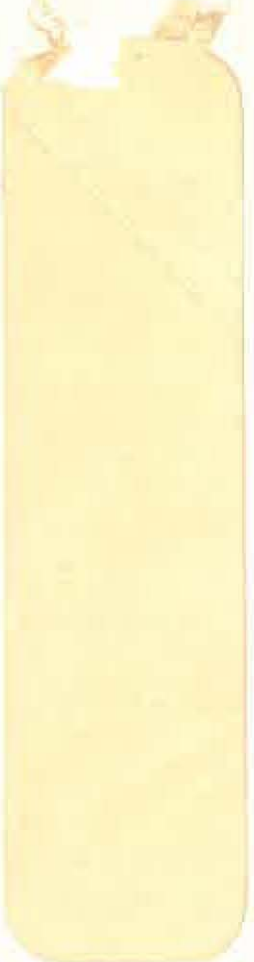
.....Treasurer or Secretary.

Subscribed and sworn to before me, this ..... day of ..... A.D. 1969.

.....Notary Public.

(My Commission expires ..... ) ..... County ..... State.

STATE OF ILLINOIS  
DEPARTMENT OF REVENUE  
CORPORATE ASSESSMENT SECTION  
160 N. LA SALLE ST.  
CHICAGO, ILL. 60601



## INVOICE

928-2300

## U. S. SCRAP COMPANY

11507 South Michigan Avenue  
CHICAGO, ILLINOIS 60628

Nº 3263

DATE 6-30-69TO: Keystone Wrecking Co  
9643 S. Princeton  
Chicago, Ill

NET 10 DAYS

DATE	TICKET NUMBER	DESCRIPTION	PRICE	AMOUNT
6-19-69	9754	40 CUBIC YARD CONTAINER OF RUBBISH TO DUMP ..... DRUMS OF WASTE TO DUMP pickup at 515 W. Armitage	\$ 100 <sup>00</sup>	



## INVOICE

928-2300

## U. S. SCRAP COMPANY

11507 South Michigan Avenue  
CHICAGO, ILLINOIS 60628

Nº 3266

DATE 6-30-69

TO: Keystone Wrecking Co.  
9643 S. Princeton  
Chicago, Ill.

NET 10 DAYS

DATE	TICKET NUMBER	DESCRIPTION	PRICE	AMOUNT
6-6	6649	..... CUBIC YARD CONTAINER OF RUBBISH TO DUMP	\$ 55 <sup>00</sup>	
6-7	9652	..... <del>DRUMS OF WASTE TO DUMP</del>	per 1d.	
6-8	6650			
6-9	9651			\$ 605 <sup>00</sup>
6-10	9655	11 Loads		
6-11	9659			
6-11	9751			
6-11	9750	pick up 5750 N. Kenmore		
6-19	9672			
6-19	9671			
6-19	9673			



# WAIVER OF LIEN

State of Illinois

April 28, 1969

19 69

County of Cook

ss.

TO ALL WHOM IT MAY CONCERN:

Whereas we the undersigned Continental Wrecking Company  
 ha ve been employed by Shell Oil Company  
 to furnish labor, materials and services. No sub-contractors have been  
used and all labor has been paid in full  
 for the Building known as 3149-61 West Roosevelt Road, Chicago, Ill.  
 City of Chicago

Lot No. \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
 County of Cook State of Illinois

NOW, THEREFORE, KNOW YE, That we the undersigned  
 for and in consideration of the sum of thirty thousand six hundred Dollars  
 and other good and valuable considerations, the receipt whereof is hereby acknowledged, do hereby waive and release any and all lien, or  
 claim or right to lien on said above described building and premises under the Statutes of the State of Illinois relating to Mechanics' Liens,  
 on account of labor or materials, or both, furnished or which may be furnished by the undersigned to or on account of the said \_\_\_\_\_  
Shell Oil Company

\_\_\_\_\_ for said building or premises.  
 Given under my hand \_\_\_\_\_ and seal \_\_\_\_\_ this 28th Day of April A. D., 19 69

Witness: \_\_\_\_\_ (SEAL)

\_\_\_\_\_ (SEAL)



Area 312, 646-2242

**CONTINENTAL WRECKING COMPANY, INC.**

1632 EAST 134TH STREET  
CHICAGO, ILL. 60617

**Nº 1058**

Shell Oil Company  
2720 DesPlaines Avenue  
DesPlaines, Illinois

**April 30, 1969**

**S T A T E M E N T**

Final payment on the demolition of buildings located at  
3149-61 West Roosevelt Road

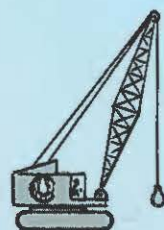
**\$13,000.00**

**Insurance reimbursement**

**600.00**

**TOTAL**

**\$13,600.00**



**EXPERTS AT DEMOLITION FOR PROGRESS**



Area 312, 646-2242

CONTINENTAL WRECKING COMPANY, INC.

1632 EAST 134TH STREET  
CHICAGO, ILL. 60617

Nº 1058

Shell Oil Company  
2720 DesPlaines Avenue  
DesPlaines, Illinois

April 30, 1969

STATEMENT

Final payment on the demolition of buildings located at  
3149-61 West Roosevelt Road

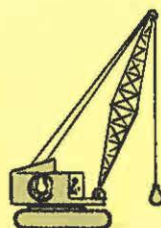
\$13,000.00

Insurance reimbursement

600.00

TOTAL

\$13,600.00



EXPERTS AT DEMOLITION FOR PROGRESS



**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> M One Accident \$ <u>300,000.</u> M Aggregate \$ _____ M	One Person \$ <u>50,000.</u> M Aggregate \$ <u>50,000.</u> M	Bodily Injury One Person \$ <u>150,000.</u> One Accident \$ <u>200,000.</u>
Locations Covered		Job: <u>3411 West 58th St.</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<u>Wrecking Buildings or Structures</u> <u>not marine----</u> -#345lsrc		Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
CONTRACTUAL	HOLD HARMLESS			

This certificate issued at the request of:

BUILDING DEPARTMENT - CITY OF CHICAGO  
Chicago, Ill.

We will advise 10 days notice of cancellation or any change affecting this Certificate.  
 R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & CO.

By \_\_\_\_\_

3/17/69

**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

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LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

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12/10/68 to 12/10/69

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P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> -M One Accident \$ <u>300,000.</u> -M Aggregate \$ _____ -M	One Person \$ <u>50,000.</u> -M Aggregate \$ <u>50,000.</u> -M	Bodily Injury One Person \$ <u>150,000.</u> One Accident \$ <u>200,000.</u>
Locations Covered		Job: <u>2239 Cullerton</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		Wrecking Buildings or Structures not marine----- -#345lxc		Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
CONTRACTUAL HOLD HARMLESS				

This certificate issued at the request of:

Name BUILDING DEPARTMENT - CITY OF CHICAGO

Address: Chicago, Ill.

whom we will advise 10 days notice of cancellation or any change affecting this Certificate.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & CO.

Date: 3/17/69

By \_\_\_\_\_



## Certificate of Insurance

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

By Ralph Bunsela

**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One <sup>3/10/69</sup> <sup>3/10/70</sup> Years from 12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person <u>\$100,000.</u> <del>M</del> One Accident <u>\$300,000.</u> <del>M</del> Aggregate \$ <u>          </u> <del>M</del>	One Person \$ <u>50,000.</u> <del>M</del> Aggregate \$ <u>50,000.</u> <del>M</del>	Bodily Injury One Person \$ <u>150,000.</u> <del>M</del> One Accident \$ <u>200,000.</u> <del>M</del>
Locations Covered		Job: <u>6241 S. Woodlawn Ave., Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> <del>M</del> Aggregate \$ <u>250,000.</u> <del>M</del>
Classification of Work Covered		<u>Wrecking Buildings or Structures not marine-----</u>	<u>or Structures -#345lsxc</u>	Total Limits Bodily Injury One Person \$ <u>250,000.</u> <del>M</del> One Accident \$ <u>500,000.</u> <del>M</del>  Property Damage One Accident \$ <u>100,000.</u> <del>M</del> Aggregate \$ <u>300,000.</u> <del>M</del>
CONTRACTUAL HOLD HARMLESS				

This certificate issued at the request of:

Name BUILDING DEPARTMENT - CITY OF CHICAGO  
 Address: CHICAGO, ILLINOIS

whom we will advise 10 days notice of cancellation or any change affecting this Certificate.  
 R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: 4/13/69

R. C. BRUSSLAN & CO.  
 By Ralph Brusslan



**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4837

## Certificate of Insurance

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INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

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12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person <u>\$100,000.</u> M One Accident <u>\$300,000.</u> M Aggregate \$ _____ M	One Person \$ <u>50,000.</u> M Aggregate \$ <u>50,000.</u> M	Bodily Injury One Person \$ <u>150,000.</u> M One Accident \$ <u>200,000.</u> M
Locations Covered		Job: <u>3214-26 West 26th Street</u> <u>Chicago, Illinois</u>		Property Damage One Accident \$ <u>50,000.</u> M Aggregate \$ <u>250,000.</u> M
Classification of Work Covered		<u>Wrecking Buildings or Structures</u> <u>not marine-----</u>	<u>or Structures</u> <u>-#3451exc</u>	Total Limits Bodily Injury One Person \$ <u>250,000.</u> M One Accident \$ <u>500,000.</u> M  Property Damage One Accident \$ <u>100,000.</u> M Aggregate \$ <u>300,000.</u> M
CONTRACTUAL HOLD HARMLESS				

This certificate issued at the request of:

Name BUILDING DEPARTMENT - CITY OF CHICAGO

Address: CHICAGO, ILLINOIS

whom we will advise 10 days notice of cancellation or any change affecting this Certificate.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: 4/18/69

R. C. BRUSSLAN & CO.  
 By Ralph Brusslan

**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> M One Accident \$ <u>300,000.</u> M Aggregate \$ _____ M	One Person \$ <u>50,000.</u> M Aggregate \$ <u>50,000.</u> M	Bodily Injury One Person \$ <u>150,000.</u> + One Accident \$ <u>200,000.</u> +
Locations Covered		Job: <u>747 East 40th Street</u> <u>Chicago, Illinois</u>		Property Damage One Accident \$ <u>50,000.</u> + Aggregate \$ <u>250,000.</u> +
Classification of Work Covered		<u>Wrecking Buildings or Structures</u> <u>not marine----</u>	<u>or Structures</u> <u>-#345lxc</u>	Total Limits Bodily Injury One Person \$ <u>250,000.</u> + One Accident \$ <u>500,000.</u> +  Property Damage One Accident \$ <u>100,000.</u> + Aggregate \$ <u>300,000.</u> +
CONTRACTUAL HOLD HARMLESS				

This certificate issued at the request of:

BUILDING DEPARTMENT - CITY OF CHICAGO

Name CHICAGO, ILLINOIS

Address: \_\_\_\_\_

whom we will advise 10 days notice of cancellation or any change affecting this Certificate.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: 4/18/69

R. C. BRUSSLAN & CO.  
 By Ralph Brusslan



**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One <sup>3/10/69</sup> Years from 12/10/68 <sup>3/10/70</sup> to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person <u>\$100,000.</u> -M One Accident <u>\$300,000.</u> -M Aggregate \$ _____ -M	One Person \$ <u>50,000.</u> -M Aggregate \$ <u>50,000.</u> -M	Bodily Injury One Person \$ <u>150,000.</u> -M One Accident \$ <u>200,000.</u> -M
Locations Covered		Job: <u>700 East 46th Street</u> <u>Chicago, Illinois</u>		Property Damage One Accident \$ <u>50,000.</u> -M Aggregate \$ <u>250,000.</u> -M
Classification of Work Covered		<u>Wrecking Buildings</u> or <u>Structures</u> <u>not marine----</u> <u>-#345lsxc</u>		Total Limits Bodily Injury One Person \$ <u>250,000.</u> -M One Accident \$ <u>500,000.</u> -M  Property Damage One Accident \$ <u>100,000.</u> -M Aggregate \$ <u>300,000.</u> -M
CONTRACTUAL HOLD HARMLESS				

This certificate issued at the request of:

Name BUILDING DEPARTMENT - CITY OF CHICAGO

Address: CHICAGO, ILLINOIS

whom we will advise 10 days notice of cancellation or any change affecting this Certificate.  
 R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: 4/19/69

R. C. BRUSSLAN & CO.  
*Ralph Brusslan*

**R. C. BRUSSLAN & CO.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> -# One Accident \$ <u>300,000.</u> -# Aggregate \$ _____ -#	One Person \$ <u>50,000.</u> -# Aggregate \$ <u>50,000.</u> -#	Bodily Injury One Person \$ <u>150,000.</u> -# One Accident \$ <u>200,000.</u> -#
		Job: <u>6710 S. Aberdeen St., Chicago, Illinois</u>		Property Damage One Accident \$ <u>50,000.</u> -# Aggregate \$ <u>250,000.</u> -#
		Wrecking Buildings or Structures not marine----- -#	or Structures -#3451sxc	Total Limits Bodily Injury One Person \$ <u>250,000.</u> -# One Accident \$ <u>500,000.</u> -#  Property Damage One Accident \$ <u>100,000.</u> -# Aggregate \$ <u>300,000.</u> -#

issued at the request of:

ILLINOIS DEPARTMENT - CITY OF CHICAGO

10

days notice of cancellation or any change affecting this Certificate.  
 no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & CO.

By Ralph Brunel



**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person <u>\$100,000.</u> M One Accident <u>\$300,000.</u> M Aggregate \$ _____ M	One Person \$ <u>50,000.</u> M Aggregate \$ <u>50,000.</u> M	Bodily Injury One Person \$ <u>150,000.</u> M One Accident \$ <u>200,000.</u> M
Locations Covered		Job: <u>1509 S. Sawyer Ave.,</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> M Aggregate \$ <u>250,000.</u> M
Classification of Work Covered		<u>Wrecking Buildings or Structures</u> <u>not marine-----</u>	<u>or Structures</u> <u>-#345lxc</u>	Total Limits Bodily Injury One Person \$ <u>250,000.</u> M One Accident \$ <u>500,000.</u> M  Property Damage One Accident \$ <u>100,000.</u> M Aggregate \$ <u>300,000.</u> M
CONTRACTUAL HOLD HARMLESS				

This certificate issued at the request of:

Name BUILDING DEPARTMENT - CITY OF CHICAGO  
CHICAGO, ILLINOIS  
 Address: \_\_\_\_\_

whom we will advise 10 days notice of cancellation or any change affecting this Certificate.  
 R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

Date: 4/13/69

R. C. BRUSSLAN & CO.  
 By Ralph Brusslan

**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

GC 564 075 & 183 061922

Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

CONTINENTAL WRECKING CO., INC.

1632 E. 134th Street, Chicago, Illinois

Workmen's Compensation	Public Liability	Property Damage	Excess
Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> M One Accident \$ <u>300,000.</u> M Aggregate \$ _____ M	One Person \$ <u>50,000.</u> M Aggregate \$ <u>50,000.</u> M	Bodily Injury One Person \$ <u>150,000.</u> M One Accident \$ <u>200,000.</u> M
	Job: <u>1008 E. 41st Place</u> <u>Chicago, Illinois</u>		Property Damage One Accident \$ <u>50,000.</u> M Aggregate \$ <u>250,000.</u> M
	Wrecking Buildings or Structures not marine----- <u>-#345lsxc</u>		Total Limits Bodily Injury One Person \$ <u>250,000.</u> M One Accident \$ <u>500,000.</u> M
			Property Damage One Accident \$ <u>100,000.</u> M Aggregate \$ <u>300,000.</u> M

Issued at the request of:

ENGINEERING DEPARTMENT - CITY OF CHICAGO  
CHICAGO, ILLINOIS

\_\_\_\_ days notice of cancellation or any change affecting this Certificate.  
 \_\_\_\_\_ no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & CO.  
 By Ralph Brusslan



**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> -M One Accident \$ <u>300,000.</u> -M Aggregate \$ _____ -M	One Person \$ <u>50,000.</u> -M Aggregate \$ <u>50,000.</u> -M	Bodily Injury One Person \$ <u>150,000.</u> One Accident \$ <u>200,000.</u>
Locations Covered		Job: <u>741 W. 60th Place</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<u>Wrecking Buildings</u> or <u>Structures</u> <u>not marine-----</u> -#345lsxc		Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
CONTRACTUAL HOLD HARMLESS				

This certificate issued at the request of:

Name BUILDING DEPARTMENT - CITY OF CHICAGO

Address: Chicago, Ill.

whom we will advise 10 days notice of cancellation or any change affecting this Certificate.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & CO.

Date: 3/11/69

By \_\_\_\_\_

**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

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LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> -M One Accident \$ <u>300,000.</u> -M Aggregate \$ _____ -M	One Person \$ <u>50,000.</u> -M Aggregate \$ <u>50,000.</u> -M	Bodily Injury One Person \$ <u>150,000.</u> One Accident \$ <u>200,000.</u>
Locations Covered		Job: <u>4914-16 S. St. Lawrence</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<u>Wrecking Buildings or Structures</u> <u>not marine----</u>	<u>#345lsxc</u>	Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
CONTRACTUAL HOLD HARMLESS				

This certificate issued at the request of:

Name BUILDING DEPARTMENT - CITY OF CHICAGO

Address: Chicago, Ill.

whom we will advise 10 days notice of cancellation or any change affecting this Certificate.  
 R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & CO.

Date: 3/17/69

By \_\_\_\_\_

**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> <del>M</del> One Accident \$ <u>300,000.</u> <del>M</del> Aggregate \$ <u>          </u> <del>M</del>	One Person \$ <u>50,000.</u> <del>M</del> Aggregate \$ <u>50,000.</u> <del>M</del>	Bodily Injury One Person \$ <u>150,000.</u> One Accident \$ <u>200,000.</u>
Locations Covered		Job: <u>13516 S. Brandon</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of work covered		<u>Wrecking Buildings or Structures</u> <u>not marine-----</u> <del>---</del> <u>-#345lsxc</u>		Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
	NOTHING HEREIN HELD HARMLESS			

Issued at the request of:  
BUILDING DEPARTMENT - CITY OF CHICAGO  
Chicago, Ill.  
10

days notice of cancellation or any change affecting this Certificate.  
 no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & CO.

By \_\_\_\_\_



**R. C. BRUSSLAN & CO.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

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INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> -M One Accident \$ <u>300,000.</u> -M Aggregate \$ _____ -M	One Person \$ <u>50,000.</u> -M Aggregate \$ <u>50,000.</u> -M	Bodily Injury One Person \$ <u>150,000.</u> One Accident \$ <u>200,000.</u>
Locations Covered		Job: <u>435 W. Evergreen - Front &amp; Rear Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<u>Wrecking Buildings or Structures not marine-----</u>	<u>or Structures -#345lsxc</u>	Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
CONTRACTUAL HOLD HARMLESS				

This certificate issued at the request of:

Name BUILDING DEPARTMENT - CITY OF CHICAGO

Address: Chicago, Ill.

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R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & CO.

Date: 3/11/69

By \_\_\_\_\_

**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

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INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> -M One Accident \$ <u>300,000.</u> -M Aggregate \$ _____ -M	One Person \$ <u>50,000.</u> -M Aggregate \$ <u>50,000.</u> -M	Bodily Injury One Person \$ <u>150,000.</u> One Accident \$ <u>200,000.</u>
Locations Covered		Job: <u>5526 S. Halsted</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<u>Wrecking Buildings or Structures</u> <u>not marine-----</u>	<u>or Structures</u> <u>-#345lsxc</u>	Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
CONTRACTUAL HOLD HARMLESS				

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Name BUILDING DEPARTMENT - CITY OF CHICAGO

Address: Chicago, Ill.

whom we will advise 10 days notice of cancellation or any change affecting this Certificate.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & CO.

Date: 3/17/69

By \_\_\_\_\_

**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> <del>M</del> One Accident \$ <u>300,000.</u> <del>M</del> Aggregate \$ <u>          </u> <del>M</del>	One Person \$ <u>50,000.</u> <del>M</del> Aggregate \$ <u>50,000.</u> <del>M</del>	Bodily Injury One Person \$ <u>150,000.</u> One Accident \$ <u>200,000.</u>
Locations Covered		<b>Job: 2731 W. Division Chicago, Ill.</b>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<b>Wrecking Buildings not marine----</b>	<b>or Structures -#345lsrc</b>	Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
CONTRACTUAL HOLD HARMLESS				

This certificate issued at the request of:

Name BUILDING DEPARTMENT - CITY OF CHICAGO  
 Address Chicago, Ill.

whom we will advise 10 days notice of cancellation or any change affecting this Certificate.  
 R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & CO.

Date: 3/17/69

By \_\_\_\_\_



**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One <sup>3/10/69</sup> <sup>3/10/70</sup>  
 Years from 12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> <del>M</del> One Accident \$ <u>300,000.</u> <del>M</del> Aggregate \$ <u>          </u> <del>M</del>	One Person \$ <u>50,000.</u> <del>M</del> Aggregate \$ <u>50,000.</u> <del>M</del>	Bodily Injury One Person \$ <u>150,000.</u> One Accident \$ <u>200,000.</u>
Locations Covered		<b>Job: 9022 S. Buffalo Chicago, Ill.</b>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<b>Wrecking Buildings or Structures not marine-----#345lxc</b>		Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
CONTRACTUAL HOLD HARMLESS				

This certificate issued at the request of:

Name BUILDING DEPARTMENT - CITY OF CHICAGO

Address: Chicago, Ill.

whom we will advise 10 days notice of cancellation or any change affecting this Certificate.  
 R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & CO.

Date: 3/17/69

By \_\_\_\_\_

# Certificate of Insurance

By \_\_\_\_\_

**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> <del>M</del> One Accident \$ <u>300,000.</u> <del>M</del> Aggregate \$ <u>          </u> <del>M</del>	One Person \$ <u>50,000.</u> <del>M</del> Aggregate \$ <u>50,000.</u> <del>M</del>	Bodily Injury One Person \$ <u>150,000.</u> One Accident \$ <u>200,000.</u>
Locations Covered		Job: <u>255-65 N. Kedzie</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<u>Wrecking Buildings</u> or <u>Structures</u> <u>not marine----</u> <u>-#345lxc</u>		Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
CONTRACTUAL HOLD HARMLESS				

This certificate issued at the request of:

Name BUILDING DEPARTMENT - CITY OF CHICAGO

Address: Chicago, Ill.

whom we will advise 10 days notice of cancellation or any change affecting this Certificate.

R. C. Brusslan & Co. assumes no responsibility or liability for failure to give such notice.

R. C. BRUSSLAN & CO.

Date: 3/17/69

By \_\_\_\_\_



**R. C. BRUSSLAN & Co.**  
**GENERAL INSURANCE**  
 330 SOUTH WELLS STREET  
 CHICAGO 6, ILL.  
 WEBSTER 9-4537

## Certificate of Insurance

This is to Certify that the insurance hereinafter described has been effected with

LA SALLE NATIONAL INSURANCE COMPANY

INTERSTATE FIRE & CASUALTY COMPANY

Policy No(s) GC 564 075 & 183 061922

Term: Effective One Years from 3/10/69 to 3/10/70  
12/10/68 to 12/10/69

Name of insured: CONTINENTAL WRECKING CO., INC.

P.O. Address: 1632 E. 134th Street, Chicago, Illinois

Kind of policy	Workmen's Compensation	Public Liability	Property Damage	Excess
Limits	Provided By Workmen's Compensation Law of	One Person \$ <u>100,000.</u> -M One Accident \$ <u>300,000.</u> -M Aggregate \$ _____ -M	One Person \$ <u>50,000.</u> -M Aggregate \$ <u>50,000.</u> -M	Bodily Injury One Person \$ <u>150,000.</u> One Accident \$ <u>200,000.</u>
Locations Covered		Job: <u>7455-59 S. Cales</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<u>Wrecking Buildings or Structures</u> <u>not marine-----</u> -#345lsxc		Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
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Locations Covered		Job: <u>5029 S. Calumet</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<u>Wrecking Buildings</u> or <u>Structures</u> <u>not marine----</u> <u>-#345lsxc</u>		Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
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Locations Covered		Job: <u>6241 S. Woodlawn</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<u>Wrecking Buildings or Structures</u> <u>not marine----</u> <del>---</del> <u>-#345lsxc</u>		Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
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Locations Covered		Job: <u>6441 S. Greenwood</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<u>Wrecking Buildings</u> or <u>Structures</u> <u>not marine----</u> -#345lsxc		Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
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Locations Covered		Job: <u>1619 N. Orchard</u> <u>Chicago, Ill.</u>		Property Damage One Accident \$ <u>50,000.</u> Aggregate \$ <u>250,000.</u>
Classification of Work Covered		<u>Wrecking Buildings</u> or <u>Structures</u> <u>not marine----</u> <u>-#345lsxc</u>		Total Limits Bodily Injury One Person \$ <u>250,000.</u> One Accident \$ <u>500,000.</u>  Property Damage One Accident \$ <u>100,000.</u> Aggregate \$ <u>300,000</u>
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